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5073 7590 01/27/2010						emission
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/436,920 11/09/1999			SHRINTWAS LOHIA	RINTWAS LOHIA 062891.0320 7304		
TITLE OF INVENTION: SYSTEM FOR COMMUNICATING MANAGEMENT INFORMATION AND METHOD OF OPERATION						
APPLN, TYPE SI	MALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1510	\$0	\$0	\$1510	04/27/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS]		,
MIRZA, ADNAN M		2 4 45	709-223000			
 Change of correspondence address or indication of "Fee Address" (37 CI'R 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND R				- /		-
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Cisco Technology, Inc. San Jose, California						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Variation or other private group entity Government						
4a. The following fee(s) are submitted: ☑ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0384 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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Authorized Signature Typed or printed name Barton E. Showalter Registration No. 38,302						
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